

**Dr. Maria Kish New Client Form**

**New Client Agreement**

Please read the below and sign and date each statement and return the completed form to [drkish@straightupsf.com](mailto:drkish@straightupsf.com)

It is important for you to understand each statement fully and agree to it before starting treatment. If you are a parent or pet guardian, by signing, you agree you understand for them. Please let us know if you have any questions.

Client Name: \_\_\_\_\_

1. I understand that Dr. Maria Kish offers a unique gift of downloading information and applying energy stimulation which gives energy to your immune system. This starts a process for the body to resolve symptoms over time, it is not a quick fix, and that it took years or even lifetimes for my health conditions to develop.

\_\_\_\_\_  
Signature & Date

2. I understand that between appointments and while under care, I may have a worsening of my current symptoms and may even experience a recurrence of past symptoms that are rising to the surface. I also understand that I do not need to panic as this is part of the body's natural immunity.

I understand that I am to email Dr. Kish if I have such concerns over the healing process beyond what I already understand is part of the body's own natural immunity. I also realize Dr. Maria Kish is no an on call doctor or a M.D. and that if I feel I am having an emergency I should call 911. Dr. Kish answers all emails with in office hours.

\_\_\_\_\_  
Signature & Date

3. I also understand Dr. Maria Kish is not on call and if I am having a medical emergency I need to go to the ER.

\_\_\_\_\_  
Signature & Date

4. I understand that the emotional work I do on myself and my commitment to doing the homework that Dr. Maria Kish suggests, such as the Alpha Brain meditation, is an integral part of my healing and without doing the work myself may hinder the process and take longer to achieve maximum results.

**Note: The estimated minimum “homework” time is 10-20 minutes/ 3x a day, however, the more personal growth activities you implement into your routine the better your short term and long term results will be.**

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Signature & Date

5. I understand and have discussed with Dr. Maria Kish that any blood work or lab work should be done once she has finished with our sessions. If done sooner I have been advised to let my doctors know of her work and that it can create a detox like state, which may perhaps cause false positives in lab work.

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Signature & Date

6. I understand that payment is due in advance.. I understand Dr. Kish only takes Visa and I need to fill out a credit card form for the office to keep on file. Credit card fees apply.

I also understand that cancellations outside of 72 hours are non-refundable.

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Signature & Date

7. I understand that no medical diagnosis will be provided and there is no promise of curing any disease. Any medical advice is to be sought out with my primary care physicians.

Accordingly, nothing in Dr. Kish’s written or verbal communication with me is intended to diagnose, treat, or cure any disease whatsoever. Said communication is merely a reflection of her lay opinions based on her anecdotal experience and web research and is only designed to complement your own independent research. She could be wrong. She is not a medical doctor.

Before applying any of her advice, products, or protocols, I should independently confirm the validity of said information and/or consult with a medical doctor, as appropriate to my situation and medications. If I do apply said advice, products, or protocols, I do so at my own risk and there has been no express or implied warranty as to outcomes or results from treatment.

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Signature & Date

Thank you. Please email the completed form back to [drkish@straightupsf.com](mailto:drkish@straightupsf.com). We look forward to working with you on your healing journey!